

says about the gentleman from Georgia (Mr. NORWOOD): "He has our complete confidence and he's demonstrated time in and time out his commitment to patients in our country."

The gentleman from Arkansas who just spoke a moment ago: "I don't think anyone at any time has ever questioned CHARLIE NORWOOD's sincerity or dedication to this mission. So the fact that he's out there working doesn't give me any heartburn at all."

That was yesterday, the wonderful gentleman from Georgia, and today they will have you think he has become Dr. Kevorkian. The gentleman from Georgia and I have worked on this bill since 1995. There is one person in this Capitol more concerned with patients than any of us here and that is the honorable gentleman from Georgia. But he recognizes one very important and cogent point of this debate, that if somebody is sick and somebody is ailing and somebody is hurt, they do not need to wait in queue for 5 years to get a court of law to render a verdict on their case, because regrettably if we wait for the court of law, likely the patient will have died.

A good friend of mine, a trial lawyer who is a personal friend and a supporter, called me yesterday. "Please support the Dingell bill. Support the right for patients to sue their HMOs."

So I posed the question: "You're a partner in a law firm. If you provide health insurance, do you feel you should be sued for the negligence of the managed care?"

He paused and said, "Well, no, we merely provide the health care policy."

And I said, "But you may in fact be drawn into liability because you didn't give them an option of several policies, you gave them the firm's policy. And should the firm be engaged in litigation with their provider?"

Mr. Speaker, we can rant and rave about bipartisanship and I have tried on several issues with the other side of the aisle, on several key issues that my leadership gets madder at me by the day, whether it is campaign finance reform or legislation that I think is important for Florida and I get taken to the woodshed for being too bipartisan. But on that side of the aisle, bipartisanship really truly means to me, "It is our way or the highway. And God forbid you interfere with our campaign plans for 2002 so we can deride the Republicans as a do-nothing Congress."

If we look in our hearts and search for the right answer and not try and pillorize anybody who has been participating since 1995, we have several good doctors working on this issue and I think they care desperately about patients. And if we rise from the din of this kind of conversation about simply the right to sue, which is really a nice club over the heads of the insurers and I agree with most of that; but we also recognize, too, that if anybody is being sincere, try filing an action and see how long before your case is heard in court. Try going down to a State or a

local courthouse and find out not only what the fees are involved but how soon they may get to your case. And ask the person with breast cancer or lupus or some other disease that is struggling trying to get recovery and coverage whether the wait was worth it, whether hanging out at a courthouse with a bunch of lawyers waiting 3 years for somebody to maybe render an opinion is better than what is in the Norwood bill which is an expedited appeals process that gets you into the facility that you most need to be in which is a hospital rather than a jury box.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS).

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. Mr. Speaker, I thank my friend from New York for yielding time.

Mr. Speaker, the House is about to embark on a travesty of procedure if it adopts this rule. The last speaker said that we wanted to hurry up and get the Ganske-Dingell bill to the floor, and he is correct. The Ganske-Dingell bill was filed in February. February. For the last 4 or 5 months we have all had a chance to read it, question it, understand it. The principal alternative to the patients' bill of rights that is going to be offered by the gentleman from Georgia (Mr. NORWOOD) this afternoon, the copy I read indicates it was printed at 7:18 a.m. today for the first time. We were in the Committee on Rules last night, or this morning, excuse me, after midnight, nearly at 12:30 in the morning, I know it went on long after that, I commend the Rules members for their diligence, and they had not started writing the bill yet. So an immaculate conception occurred sometime during the night last night. Sometime between 1 a.m. and 8 a.m., we gave birth to a product here that purports to do in 6 hours what lawyers and scholars and judges have taken 300 years to accomplish, and, that is, to write a complete set of rules about proximate cause, affirmative defenses, contributory negligence, rules of evidence, rules of discovery, all the things that come into the process of adjudicating a legal dispute.

This is a travesty. Most of the Members who will consider this bill today will not know what is in it. We have a few hours to try to find out. Once this process goes forward, the American people will have a few weeks and a few months to find out. And when they do, they will recognize the deception that is about to be perpetrated upon the House this afternoon.

Oppose this rule. Support the Ganske-Dingell bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentlewoman from North Carolina (Mrs. CLAYTON).

Mrs. CLAYTON. I thank the gentlewoman for yielding me this time. I oppose this rule. I oppose this rule both

on process and content. The process indeed should have allowed us to at least know what the amendments were. But even on content, all of us say that we want to have a Patients' Bill of Rights. When there is an amendment to undercut the very rights that you purport to have, I am not sure how you can say that we all are supporting a Patients' Bill of Rights. The right of enforcement of legislation is the integrity of your words when you say you have a Patients' Bill of Rights.

Do we need a Patients' Bill of Rights? Yes. Why do we need it? We need it because there are children who are sick who need to have the opportunity to see a specialist. There are women who need to go to the emergency room or to see their OB-GYN. There are sick older people who need to be rushed for cardiac treatment. All of these are things we know, that we experience from family members. This rule will not allow that to happen. Indeed, this is a fraud. We should make sure that we vote down this rule and allow us to have a more deliberative debate.

Mr. Speaker, this rule limits debate on one of the most important pieces of legislation Congress will consider this year.

The authors of the Ganske-Dingell-Berry-Norwood bill worked hard to craft a bi-Partisan Patient's Bill of Rights bill that would provide meaningful patient protection to consumers. The authors also re-drafted portions of their bill to include enhanced measures provided for in the Senate Bi-Partisan Managed Care legislation by adding additional protections for employers. Rather than moving towards a bi-partisan bill that had a strong possibility of moving out of conference committee quickly, we are on the verge of passing a bill that may be stuck in a conference committee. The more we delay passing a bill that makes HMO's more accountable and that extends access to care, the longer the American people will have to wait before getting a full range of the kind of patient care they deserve.

Although we are now debating this rule, we have not been provided an adequate opportunity to fully examine the compromise legislation that came about as a result of the agreement between the President and Congressman NORWOOD. Legislation that affects so many Americans should not be thrown on the Floor of the House in an effort to win a battle of the words.

A Patient's Bill of Rights now means ready access to emergency services. Health Plans would be required to cover emergency care in any hospital emergency facility, without prior authorization, whether or not the hospital is a participating health care provider in the plan.

A Patient's Bill of Rights now means ready access to services provided by an OB-GYN. Women will have direct access to a physician specializing in obstetrics or gynecology, without having